



Mississippi Non-Resident / Part-Year Resident AMENDED Individual Income Tax Return 2009

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WI A

Duplex or Photocopies NOT Acceptable

Taxpayer Last Name		First Name	Middle Initial	SSN
Spouse Last Name		Spouse First Name	Spouse Middle Initial	Spouse SSN
Mailing Address (Number & Street, Including Rural Route)				
City		State	Zip	

▲ YOU MUST ENTER SSN ▲

Residence County Code - See Instructions

1. ☐ Married - Combined or Joint Return - Enter \$12,000 on Line 12.
2. ☐ Married - Spouse Died in Tax Year - Please enter surviving spouse first as taxpayer. Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above.
3. ☐ Married - Filing Separate Returns - Enter \$12,000 on Line 12. Enter Spouse Name and SSN in boxes provided above. (Cannot change from Joint to Separate after due date.)
4. ☐ Head of Family - Enter \$8,000 on Line 12. Provide Name, SSN, and Relationship of the Dependent Living in the Home with You on Line 6.
5. ☐ Single - Enter \$6,000 on Line 12.

6. Dependents (In column (B) enter C for child, P for parent, or R for relative)

(a) Name	(b)	(c) Dependent SSN

Filing Status and Exemption Amounts

7. Mark "X" ONLY if:

☐ Taxpayer Age 65 or Over ☐ Taxpayer Blind

☐ Spouse Age 65 or Over ☐ Spouse Blind

8. Number of Dependents Listed on Line 6

9. Number of Boxes Marked "X" on Line 7

10. Total of Line 8 plus Line 9

11. Line 10 x \$ 1,500 = 00

12. Enter Amount from Lines 1 through 5. 00

13. Total (Line 11 plus 12). 00

14. If Filing MFS Returns, Enter 1/2 of Line 13. 00

COMPLETE SCHEDULE OF INCOME ON PAGE 2 BEFORE PROCEEDING FURTHER. The Exemption and Deduction (Standard or Itemized) Must be Prorated According to the Ratio of Mississippi Income to Total Income of Taxpayer and Spouse from all Sources.

15. Ratio Computation

a. MS Adjusted Gross Income

	00
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b. Total Adjusted Gross Income From All Sources

► (N)	00
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c. Ratio, Line 15a Divided by 15b

16. Standard or Itemized Deduction Computation

a. Standard or Itemized Deduction

	00
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b. MS Deduction, 16a Times 15c

	00
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17. Exemption Computation

a. Exemption, Line 13 above. (Line 14 if MFS)

	00
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b. MS Exemption, 17a Times 15c

	00
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If Filing Combined Return, Use Column A for Taxpayer and Column B for Spouse, Otherwise Use Column A ONLY		Column A (Taxpayer)	Round to Nearest Dollar	Column B (Spouse)
18. Mississippi Adjusted Gross Income ► (P)			00	► (B) 00
19. Standard or Itemized Deductions (Line 16b) (Must Attach Sch. A Form 80-108) ► (F)			00	► (H) 00
20. Amount of Exemption (Line 17b)			00	00
21. Mississippi Taxable Income (Line 18 minus Lines 19 & 20) See Instructions. If Less Than 0, Enter 0.			00	00
22. Total Income Tax Due (See page 8 of the Resident and Non-Resident Instructions).				00
23. Mississippi Income Tax Withheld (Must Attach W-2s)				► (W) 00
24. Estimated Tax Payments, Amount Paid with Extension and/or Amount Paid with ORIGINAL RETURN				► (E) 00
25. Other Credits (See Instructions) Enter code for each type of credit claimed. (Must Attach Form 80-492)				► (O) 00
26. Overpayment from original return				00
27. Total Credits (Add Lines 23 through 25 less Line 26).				00
28. Enter Amount of Refund if Line 27 is Larger than Line 22.				REFUND ► (R) 00
29. Enter Balance Due if Line 22 is Larger than Line 27.				BALANCE DUE 00
30. Interest on Underpayment of Estimated Tax Payments (Must Attach Form 80-320)				► (I) 00
31. Interest and Penalty (See Instructions)				► (T) 00
32. TOTAL DUE (Add Lines 29, 30, and 31.) Attach Check or Money Order for Total Due payable to: State Tax Commission. (ENCLOSE PAYMENT VOUCHER 80-106)				TOTAL DUE ► (V) 00

PLEASE SIGN THIS TAX RETURN IN THE SIGNATURE AREA PROVIDED ON THE BOTTOM OF PAGE 2.

Mail REFUND To: Office of Revenue, P.O. Box 23058, Jackson, MS 39225-3058

Mail All Other Returns To: Office of Revenue, P.O. Box 23050, Jackson, MS 39225-3050

Complete the return as it should have been originally completed.



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OTHER INCOMEIf Showing A Loss,
Shade Minus (-) In Box.

Example:

**Total Income From All
Sources****Mississippi Income ONLY**

33. Wages, Salaries, Tips, Etc. (Must Attach W-2s)	00	00
34. Business Income (Loss) (Must Attach Federal Schedule C or C-EZ)	00	00
35. Capital Gain (Loss) (Must Attach Federal Schedule D)	00	00
36. Rent, Royalties, P-ships, S Corps, Trusts, etc. (Must Attach Federal Schedule E)	00	00
37. Farm Income (Loss) (Must Attach Federal Schedule F)	00	00
38. Interest Income	00	00
39. Dividend Income	00	00
40. Alimony Received	00	00
41. Taxable Pensions and Annuities (Must Attach 1099-R)	00	00
42. Unemployment Compensation (Must Attach Form(s) 1099-G)	00	00
43. Other Income (Loss) (Must Attach MS Schedule N)	00	00
44. Total Income (Add Lines 33 through 43)	00	00

SCHEDULE OF ADJUSTMENTS TO GROSS INCOME

45. Payments to IRA	00	00
46. Payments to Self-Employed SEP, SIMPLE, & Qualified Retirement Plans.	00	00
47. Interest Penalty on Early Withdrawal of Savings	00	00
48. Alimony Paid (Must Complete Schedule P Below)	00	00
49. Moving Expense (Must Attach Federal Form 3903)	00	00
50. National Guard or Reserve Pay (Enter the Lesser of the Guard/ Reserve Pay or the \$15,000 Statutory Exclusion Per Taxpayer)	00	00
51. MS Prepaid Affordable College Tuition (MPACT) and/or MS Affordable College Savings (MACS)	00	00
52. Self-Employed Health Insurance Deduction	00	00
53. Health Savings Account Deduction	00	00
54. Total Adjustments (Add Lines 45 through 53)	00	00
55. Adjusted Gross Income (Line 44 minus Line 54) Carry Total AGI to Line 15b & MS AGI Line 15a.	00	00
56. Split MS AGI on Line 56 between Taxpayer (T) & Spouse (S) T	00 S	00

Schedule P - Alimony PaidIf a deduction is claimed for Alimony Paid,
please furnish the name, SSN, and the
state of residency of the individual to
whom amount was paid.

Name

SSN of
RecipientState of
Residency

EXPLANATION FOR CHANGES TO ORIGINAL RETURN

THIS RETURN MUST BE SIGNED. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this return is true, correct and complete.

Taxpayer Signature

Taxpayer Phone

This Return may
be discussed with
the preparer.

Paid Firm Identification Number or PTIN

Spouse Signature (If joint, BOTH must sign)

Date

☐ Yes ☐ No

Paid Preparer Social Security Number or PTIN

Paid Preparer Signature

Date

Paid Preparer (Print Firm Name)

Paid Preparer Phone

Paid Preparer Address

Complete the return as it should have been originally completed.